

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/562216	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		↓			↓				↓			↓
TOTAL DEP.	10	←		←		←				↓			↓
TOTAL CLAIMS	11									↓			↓